

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		2					54						
5		1					55						
6		2					56						
7		1					57						
8		1					58						
9		2					59						
10		1					60						
11		1					61						
12		2					62						
13		1					63						
14		1					64						
15		1					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		1					71						
22		2					72						
23		1					73						
24		2					74						
25		1					75						
26		2					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	47	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	49						TOTAL CLAIMS						